SCHOOL PHYSICIANS' BULLETIN

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TABLE OF CONTENTS

PAGE

Health Education and the School Physician, John Sundwall, Ph.D., M.D. 5-12

Physical Activities and the Health Program, Charles C. Wilson, M.D. 13-15

The Yearly Health Examination Habit, Rubin Hackmeyer, M.D. 16-17

News Items and Reports from Members 17-20

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School Physicians' Bulletin

Devoted to the interests and advancement of School Physicians and the service rendered by them. Your participation by membership is solicited.

Vol. II FEBRUARY, 1932 No. 2

Health Education and the School Physician*

JOHN SUNDWALL, Ph.D., M.D.

Professor of Hygiene and Public Health and Director of the Division of Hygiene and Public Health, University of Michigan

Established Facts and Trends in the School Health Education Program

It would be interesting to trace, in some detail, the rise and rapid growth of the modern public school health education program in the United States, to point out some of the important adventures therein and to give some recognition to those men and women who have contributed so much to it. Time precludes my doing so. I must hasten on by attempting to put down briefly the accepted or established facts and trends relative to a health education program.

1. Each school district in the land must provide personnel and machineries for a comprehensive health education program.

2. The school's health program should be an integral part of the public school system under the jurisdiction of the board of education and the superintendent of the school,—municipality, county or district. Some health officers will question this statement. In many cities and districts in this country, commendable efforts are now being made by municipal and county health departments to take care of the schools' health program. Formerly, when public health work was entirely concerned with the prevention and control of communicable diseases, then, public health departments could function adequately in matters pertaining to school health. The new child health conservation program; with its emphasis on health promotion of the whole child—physical, mental, emotional, and social, including health examinations, the prevention and correction of defects, mental hygiene, nutrition, and the effective teaching of health—calls for the full time services of one who is adequately and specially trained to direct this program. Moreover, the director of health education must be a genuine schoolman with a keen understanding of educational philosophy, psychology, school administration and of the principles of teaching. The new school health education program calls

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for a great deal of both direct and indirect teaching of health. Therefore, the director of the health education program must possess a discerning knowledge of the principles of teaching in general and of methods and materials in health teaching in particular. We must think of this director as one whose job is to see to it that each little body machine,—the pupil, is kept in the best running order possible in order that the pupil will measure up to all the possibilities of satisfactory development. Schools are entitled to their health services in much the same way as industries are entitled to theirs. At any rate, it is readily seen that the average municipal, county or district public health department cannot be expected to provide the interests and activities which will take care of a comprehensive and constructive school health education program. Of course, the school health education's director should be a deputy public health officer. In this capacity, he should be of great assistance to the public health department in the prevention and control of communicable diseases in a community.

3. The director of the school's health education program should occupy a relative high position in the administration of the municipal, county or district schools. He should be an assistant or deputy superintendent of schools in charge of the health education program. Unless the director is "high up in authority" in the school's administration, an effective school health education program cannot be anticipated. He should be adequately and specially trained for this job. His job is to see to it that a sound program of health education, including both health teaching and health machineries, is maintained in the schools under his jurisdiction. Under his direction and in charge of the health education of each school unit should be a man or woman who has had sufficient training in the principles and practices of school health work to carry on the health education program for the particular school. School nurses, physical educators, nutrition workers, among others who are interested in and who have had a general training in public and school health work should make good local school health education supervisors.

4. A comprehensive and constructive health education program is dependent on the interests of the entire personnel who make up the administrative and teaching staff of the public schools. It cannot flourish where the superintendent, or principal or classroom teacher is indifferent or antagonistic to health. Therefore, the superintendent or principal must have an intelligent understanding of and a deep interest in the health education program. Moreover, all class room teachers should have some training in and be actively interested in the fundamentals of health promotion and in the principles and practices of the prevention and control of communicable diseases. Otherwise the essential attitudes, skills, and habits relative to health, on the part of the child, which must be "drilled" into the child by the class room teacher will not be forthcoming. These can be forthcoming only when the class room teacher is intelligently,

actively and continuously health conscious regarding her pupils. Worthwhile health work cannot be done in the school where isolated and detached efforts are made on the part of a health supervisor. Class room teachers, interested in the health of their pupils, for many reasons, become much more efficient teachers in general.

5. The public schools of the future will have no place for administrators or teachers who are not intelligently and genuinely interested in the health of the child. Therefore, it behooves teacher training institutions to see to it that all prospective teachers in training are given some instruction in the fundamentals of health promotion and in the prevention and control of communicable diseases.

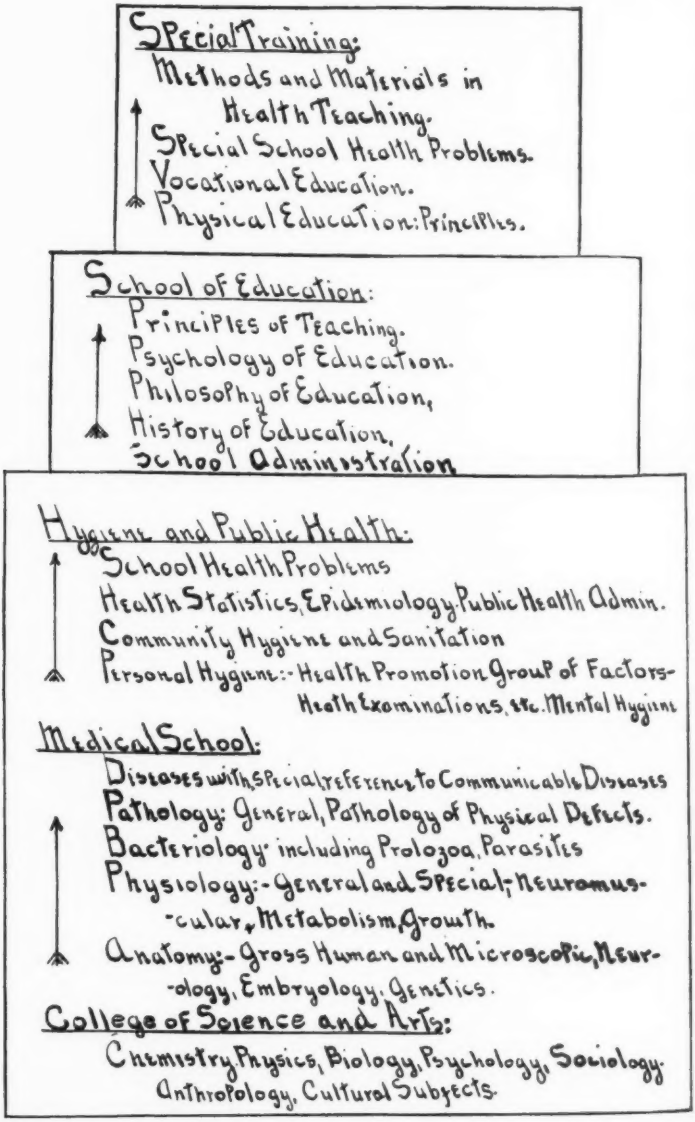
Who Shall Function as the Director of a Health Education Program?

In my attempts to put down the qualifications of him who is to function adequately as a director of a school's health education program, I have in mind the person who is to head up this program in a city's county's or district's public school system. Of course, as stated before, for each separate school unit a local health supervisor, recruited from the field of physical education, public health nursing or from some other interested field, will function directly.

At any rate, who shall function as the director of a health education program for a school system? Obviously, the answer is that person who is best qualified by nature, training and experience to do the job. The right kind of personality, of course, is evident. However, this particular qualification may well be left to the discernment of the school's superintendent who employs the director of health education. The all important thing is the training of the director. We must have thoroughly trained men or women to do this job effectively. There should be three phases to the training of this director. These are: 1, scientific training; 2, training in general education; and 3, special training for the job. Figuratively, we may conceive of this training as a foundation structure composed of three stones. The bottom most massive stone represents the scientific training. The middle less massive stone depicts the training in general education and the top stone of this foundation structure indicates the special training for the job. See Figure 1, page 8.

1. *Scientific Training:* The entire school health education program must center on and in the child. Therefore, it is evident that he who is to function as a director of a health education program must know the human machine. This is paramount. A locomotive or dynamo would not be entrusted, for its running, to an individual who is not familiar with the make-up or structure, the workings or functions and the care of the locomotive or dynamo. Likewise, the director of the health education,—this human engineer, in order to know the "what" and "why" of his program,—run it effectively, must understand the make-up or struc-

Training Directors of School Health Education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College of Science and Arts:
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Figure I

ture, the workings or functions, and the care of the human machine. Adequate training in physics, chemistry, biology, psychology and sociology is essential in order to pursue later on those sciences which acquaint one with the human body machine, its structure, functions and care. To possess a working knowledge of the make-up or structure of the body machine, one must have completed courses in human anatomy including both gross and microscopic anatomy, genetics and embryology. Knowledge of the workings or functions of the human machine can be gained only through the study of human physiology, both general and special, with particular reference to neuromuscular physiology, metabolism and growth. To know how to take care of the human machine, in addition to physiology, one must be trained in those sciences which acquaint one with the abnormal processes. These include bacteriology and pathology, and include an introduction to diseases. Of course, the more the director knows about morbid processes in general, which is gained through study of clinical medical sciences, the better will he be prepared to administer a school's health education program. Moreover, care of the human machines involve knowledge of personal hygiene, community hygiene, health, statistics, epidemiology and public health administration.

I cannot emphasize too strongly the importance of this scientific training. Again, let me remind you that schools, like other human institutions, tend to react emotionally to things which pertain to the body in order or out of order. Therefore, school administrators are inclined "to feel" rather than "to act" intelligently towards their school health problems. There are as many health cultists and medical dogmas within the walls of the school house as on the outside. Furthermore, school men have the traditional physical education to cope with, which was the first school health agency to make its appearance. Far too many school men sincerely believe that because they maintain athletic programs which are fostered and promoted under the guise of health activities, they are meeting their obligations relative to school health education programs. I have in mind several instances where individuals have been called to head up important health education programs whose sole qualifications, other than personality, are that they have shown an adeptness at promoting and administering programs of physical exercise and athletics.

In many respects, the present reaction on the part of schoolmen towards health education is similar to the former attitude of schoolmen towards the class room teacher. In times past, a certificate or diploma from a normal school was prima facie evidence that the holder thereof was capable of teaching any or all subjects making up the curriculum. Little, certainly not enough, attention was paid to the training of the prospective teacher in the subject matter which was to be taught. This led to the facetious comment that a normal school is an institution which trains its students to teach things regarding which they know nothing about. Of course

this attitude towards the teaching profession and teacher training institutions is rapidly changing. Nowadays, the first concern of the progressive school superintendent is that of training in the subject matter which the teacher is to teach. Unfortunately this former attitude towards the teacher and his or her training prevails in health education. School administrators still continue to engage teachers and supervisors of health education without inquiry into the teacher's training in those sciences which make up health.

To schoolmen, let me say emphatically: *Your first concern in the selection of an individual to head up the school health education program should be his training in those sciences which acquaint one with the structure, functions and care of the human body machine.*

In view of the lack of or deficiency in training in those basic sciences of anatomy, physiology and hygiene, on the part of many, perhaps the majority of those who are now engaged in the direction of school health education programs, the "how" of health teaching and supervision has received the greatest emphasis if not the sole emphasis. Naturally, the "what" and "why" of health teaching and supervision can not be satisfactorily dealt with by him who is not adequately trained in the fundamental sciences which acquaint one with the structure, functions, and care of the whole body machine. The "how" teachers and supervisors must center their interests and activities on techniques in health teaching. An emotional rather than an intelligent attitude tends to dominate them. They are uncerain as to their procedures. They cannot envisage the whole field of health promotion and disease prevention and control. They do not understand the relative values of the many factors of or approaches to health promotion as they apply to children in particular. Consequently, the less important factors may be overemphasized and the more important ones neglected. They are so apt to ride hobbies and become faddists. No further comments need be made of the inadvisability of placing a school health education program under the direction of one who is not adequately trained in the basic sciences. The situation would be similar to that of employing some one to teach biology and supervise the biological laboratories who has had little if any training in biology.

The time has now arrived when we must pay, more and more, attention to the "what" and "why" in the school health education program. These can be dealt with satisfactorily only by school health directors who are adequately trained in those fundamental sciences which acquaint him with the structure, functions and care of the whole body machine. Of course the "how"—methods and materials in health training are important. Training in the pedagogy of health teaching should follow or be built upon the training in the basic sciences.

If I have made my point relative to the supreme necessity of adequate training in anatomy, physiology and in those sciences which acquaint one

with hygiene and public health, then I may say without fear of controversy that *the graduates of the class A medical schools in this country are best equipped, from the standpoint of scientific training to take up the direction of health education programs in our public schools.*

In passing from this subject of "Scientific Training," I want to add the following comment. We must ever be mindful of the fact that the modern human conservation movement in general and the child health conservation movement in particular were conceived and promoted, in the largest measure, by intelligent health minded laymen. Many praiseworthy school health education programs have been established and are being effectively maintained by men and women who have had little if any training in the fundamental health sciences. In practically all worth while human welfare work, the needs are realized first by intelligent laymen. The promotion of agencies to take care of these needs is done by these laymen. Training of personnel to function in these agencies is the last concern.

The needs for school health education programs were first realized in general by laymen. The promotion of school health education has been largely in the hands of laymen. We have reached the stage when intelligent attention must be paid to the training of those who are to function in it.

2. *Training in General Education:* Additional training, however, is essential for the physician who anticipates an effective and successful career in school health education. This additional training should take place in a teachers training institution with particular reference to history, philosophy and psychology of education, to the principles and practices of teaching and to school administration. For two main reasons is this desirable. In the first place an effective health education program must be concerned with both health teaching and with health machineries. Therefore, the health education director should have some training in those educational subjects which acquaint him with the general principles of effective teaching and should be inculcated with the underlying "spirit" of education in general. In the second place, as I have already specified, the director must be a genuine schoolman,—an assistant superintendent of schools in charge of health education. Unless a physician who is going into health education work has had this training in a teachers college or school of education, it will be difficult for him to get the educational point of view and to function adequately in the entire field of child health conservation. The second stone in the foundation of the training structure of directors of health education is this training which is offered in schools of education or teachers colleges.

3. *Special Training for the Job:* The third stone in this foundation structure of training is that concerned with the specialty itself. Special training is essential in methods and materials in health teaching,—the

"how" of effective health teaching in the various grades with respect to knowledge, attitude, skills and habits. Moreover, training in special school health problems is needed such as the various interests and activities which make up effective school health machineries,—health examinations, prevention and correction of physical defects, nutrition, mental hygiene, the general and specific procedures for the prevention and control of communicable diseases, and so on. In view of the established physical education, and its traditionally close relation to health, the prospective school health education director should have made some studies of the theories, objectives,—interests and activities of physical education. There are several claimed objectives in physical education which are not of direct health concern. These will be pointed out later on in this discussion. I am confident that as time goes on, the physical education activities of the school will become tied up with or closely correlated with the health education program. I do not believe that the schools of our land will maintain two independent agencies primarily concerned with the physical welfare of students. In view of the fact that vocational education utilizes the so-called "big muscle activities," it is recommended that this special training include a course in vocational education.

This special training must be provided by the school of education, the medical school, the dental school, and so on in the University.

Just how much time on the part of the young physician who has completed an interneship in a hospital and who is going into school health education work should be devoted to studies along the lines of general education and to the specialty itself, is still to be determined. Training curricula for physicians going into school health education work should be provided in several of the larger universities which maintain schools of education with their elementary and high schools, medical schools, dental schools and schools of hygiene and public health, all in close proximity to each other on the campus.

For the present, at least, a one year graduate program of study in school health education, leading to the degree of Master of Science in Health Education, should be offered by some of these universities. Perhaps, after some experimentation on the part of universities in offering these training curricula, it will be found that a longer time will be necessary for this training.

Physicians who are now doing school work and who desire to follow health education work in its most comprehensive sense, should avail themselves of the opportunities offered at summer sessions of universities to pursue studies in education and in the specialties named. It will pay them to do so. Moreover, they will prove themselves to be of infinitely greater value to the public schools.

An attempt is made in Figure I to illustrate the three stones in the foundation structure of training for the directorship of a comprehensive and constructive program of school health education. (*To be concluded*).

Physical Activities and the Health Program

CHARLES C. WILSON, M.D.

Director of Health and Physical Education, Evansville, Indiana

Present day programs for the development of healthy boys and girls are not complete without provision for an activity program—a physical education program. When the school health program had as its sole purpose the control of communicable disease, there was no need for an activity program—communicable diseases could be diagnosed and epidemics controlled without any help from physical educators. At the present time, however, the school health program is a broad, diversified program which (1) provides experiences at school which will help pupils to be free of disease and free of remediable defect, (2) will help them to live in a way conducive to growth and development and encourage the attainment of attitudes and knowledge which will contribute to health, and (3) provides an opportunity for participation in big brain-muscle activities which will contribute to growth, vigor and strength. Absence of disease and defect does not necessarily mean the presence of good health. A school which does not make provision for recreation and physical education cannot achieve the desirable attributes of positive physical health.

Although health is one of the outcomes of the physical education program, we must not lose sight of the fact that this program makes contributions to other objectives of education. Particularly along the lines of social education our activities program makes valuable contributions. More and more do we realize the need of helping children to learn how to get along with other individuals. This is learned not by talking about such things in a classroom but through experiences which may take place in the gymnasium, athletic field, swimming pool or elsewhere where individuals act in groups. The properly conducted activity program may also, under intelligent leadership, be influential in developing the attitudes which contribute to character education. A wise use of leisure time is another outcome which may be expected from an activities program. Physical education is education through big brain-muscle activities; it is an integral part of the whole educational program and makes whatever contribution it can to all of the objectives of education.

What relationship is there between health education and physical education? Certainly health education is not physical education, and physical education is not health education. Health education includes some things which are not at all related to physical education, and in the same way there are parts of the physical education and recreation program which contribute much to the general objectives of education but little to the health objective. Health education and physical education may be considered as subdivisions of the general field of education—fields of endeavor with their own individual methods, procedures and desired outcomes.

Also, it must be realized that there is considerable overlapping of interests —the physical education program needs the assistance of the health education program and vice versa. It is because of the overlapping and interdependence of these two fields that we see the tendency to combine the administrative responsibility for health education and physical education in one department, usually termed a department of health and physical education.

The individual who directs a program of health and physical education has considerable responsibility. Some have recommended that this individual rank as an Assistant Superintendent of Schools, and such a plan is now in practice in Schenectady, N. Y. Regardless of the name given the one who heads up this department, he must be an educator, he must be thoroughly informed of educational objectives, educational methods and practices. He must also be well informed and have had some practical experience in the supervisory and administrative duties connected with the programs of health service, health instruction and physical education. With preparation and experience there must be welded a desire to develop a complete, balanced program for the purpose of helping pupils attain the objectives set by our educational philosophy. Such programs will contribute much to the health, welfare and happiness of this and future generations.

The following extract from an article on "Fatigue," written by Carl L. Schrader, State Supervisor of Physical Education, Massachusetts, appeared in *Hygeia,* December, 1931, page 1146. It is so sane and opportune that it might well be reprinted in the SCHOOL PHYSICIANS' BULLETIN.

"In our athletic programs for boys and girls in both junior and senior high schools, some definite matters require sane adjustment, such as length of schedule for the season, the number of games per week and the place and time at which the games are played. One game in an interscholastic schedule will lead to fatigue sooner and more markedly than several practice games; hence there is the need for schedules of from six to eight games instead of the now customary twenty to thirty, such as in basketball. Regular practice, plus one big game a week, insures recovery time from fatigue for the next week's task. Two games per week are undesirable, and three or more are criminal. Opponents in any contest should be fairly evenly matched to insure safety and to serve as a fair basis for sportsmanship. Therefore, in building schedules schools should play within their class instead of lending themselves as battering rams for larger schools with stronger teams.

"Evening hours should be avoided for competition, for vitality is at its lowest toward night, particularly in growing boys and girls. Play should take place under the best possible hygienic conditions and not in ill-ventilated places. At all times the boy or the girl must count for more than the game."

The North Central Association of Colleges and Secondary Schools at its meeting on March 20, 1931, made the following recommendations:

(1) The program of interscholastic athletics in high schools should be so organized and administered as to contribute to the health, leisure time, citizenship and character objectives of secondary education. The aim should be to develop sufficient skill in one or more sports among all its pupils to provide an enjoyable form of recreation in later life.

(2) All athletic competition should grow out of and form an integral part of the physical education program of the high school.

(3) The administration of all athletic contests in the high school program should be entirely controlled by properly constituted school officials.

(4) Fair play, courtesy, generosity, self-control and friendly feelings for the opposing school should not be sacrificed in the desire to win.

(5) The Association recommends that girls do not participate in any form of interscholastic basketball games or tournaments.

(6) The Association further recommends that no interscholastic athletic contest played at night be scheduled on a night preceding a school day.

Lateral Curvature of the Spine and Round Shoulders, by Robert M. Lovett, M.D., Sc.D. Fifth edition revised by Frank R. Ober, M.D., and A. H. Brewster. Published by P. Blakiston's Son & Co., Philadelphia, 1931. 240 pages. Price $3.50.

Dr. Lovett's book on "Lateral Curvature of the Spine and Round Shoulders" has, almost since its first publication in 1907, been the leading authority on these faults of position or structure. Since the first edition, there have been many changes in our knowledge of the causes of lateral curvature, and marked changes in methods of treatment. This fifth edition has several notable additions to the ones which have preceded it. That part of the book devoted to exercises has been practically rewritten and brought up-to-date.

The text is so clearly written, so well and profusely illustrated, and the section on treatment particularly is so applicable and definite that this treatise should be a part of the source of information of all school physicians and a part of the armamentarium of instructors in physical education.

RURAL SCHOOL NURSING BULLETIN

The American National Red Cross, Washington, D. C., has recently published an outline for Rural School Nursing.

It contains 141 pages devoted to the various activities related to rural school nursing.

It is a valuable contribution to our present understanding of many of the problems of school nursing.

School nurses would find it very helpful. It costs 50 cents.

The Yearly Health Examination Habit

RUBIN HACKMEYER, M.D., *Mount Vernon, N. Y.*

Probably the most convincing argument outside of the law for the existence of the school physician is the trend of his method of practice. He represents an attempt to teach as well as to practice mass preventive medicine within his jurisdiction. He teaches health and attempts to avert catastrophies by finding and having minor defects treated. His field includes mental as well as physical; habit formation as well as habit changing. His is the responsibility of teaching health to the young, moulding the still plastic minds so as to fix in them correct habits. He is a teacher as well as a doctor. Certainly he should have a tremendous influence on the future health viewpoint of school children. His opportunities to create proper health habits in childhood are second to none. Does he appreciate and capitalize these opportunities? Does he teach the child and the parent that the yearly school medical examination required by law is a yearly health examination, an inventory of the child's health, and that it is a most desirable and wise habit. Undoubtedly the parents and children know that the annual examination is a health examination, but are they sufficiently impressed with the fact that it is the yearly health examination of which they hear or read about? We fear not. Rarely the child asks, after a school examination, "Is everything alright?" Most children go through the examination year after year as a matter of routine with no consciousness that it is their health being estimated, that it is their future well-being that is being considered and not simply some law being carried out. This they will continue to do unless, time and effort be given to teach this lesson to them individually at the time of the examination and perhaps collectively, later. This is a duty and opportunity for the school physicians as a group.

In New York State, every public school child spends from ten to twelve years in school or in touch with school. A yearly physical examination is required by law and during these many years the school physician has the opportunity, as never after, to make the child yearly-health-examination-conscious. The wisdom of developing this realization cannot be debated and if newspaper advertising, editorials, and posters can make the adult yearly-health-examination-conscious, the school doctor can certainly do so by starting with the school or even the pre-school child. Best, however, is coöperation between all concerned. Let us suggest that the American Association of School Physicians appoint a committee to study, formulate, suggest and disseminate their conclusions as:

a. How best to correlate in the child's mind the yearly health examination with his well-being and with his ambition in life.

b. How best to show the relationship between the school annual examination and the widely advertised yearly health examination.

c. How best to interest the organizations responsible for the yearly health examination campaigns and have them coöperate and carry on the ideas of this interrelationship so that the same ideas that were impressed through school days may be carried well into adult life, thus continuing this line of thought throughout the life of the entire generation.

By doing this we can best fix the habit, give children an appreciation of its value and render an inestimable service.

SUBSCRIBERS TO THE BULLETIN

It is gratifying and encouraging to find an increasing number of people subscribing to the SCHOOL PHYSICIANS' BULLETIN. Though school and public health nurses are largely in the majority, many others such as Boards of Education, libraries, dentists, health officers and educators, are subscribing to the publication of the Association.

Members can greatly assist the BULLETIN by obtaining subscribers among their co-workers and others.

The subscription price is only $1.50 per year. Just send to the BULLETIN the names and addresses of new subscribers. The BULLETIN will be promptly forwarded to them.

A generous response to this request would be greatly appreciated.

FIFTH ANNUAL CONVENTION

The American Association of School Physicians will hold its Fifth Annual Meeting in Washington, D. C., on October 21st and 22nd, 1932. The American Public Health Association will meet there on October 24th to 27th. Other health associations will meet in Washington during the same period.

The various programs are being so arranged as to avoid conflict and to permit participation in all of the sessions.

The Hotel Washington has been chosen for headquarters of the American Association of School Physicians.

SPEED AND ENDURANCE OPPOSE EACH OTHER IN DAILY LIFE

"Every year in this country thousands of men die in the prime of life because they were more anxious to work fast than to live long. Too many men apparently prefer to die young, leaving a large estate, to living ten or twenty years longer with their families in less affluence.

"We are now drawing near to the time of the year when diseases attacking tired-out business men will be on the increase. Very few individuals can have both speed and endurance. Most of us must choose between the two."—*Milwaukee Health Department.*

INTERESTING REPORTS FROM MEMBERS

SCHOOL PHYSICIANS' BULLETIN:

In compliance with your request to have members of the Association send in items that might be of interest to your readers, I am pleased to submit the following:

"Feeling the need of more definite instruction to teachers along the lines of health suggestions, this Department is issuing frequent bulletins on subjects that are of popular interest. The teachers' main source of information along these lines has been the newspapers and other popular reading which in many instances is incorrect and colored according to the article advertised. So far this semester we have prepared articles on Ventilation, Athlete's Foot, Preparation of Smallpox Vaccine, and All Children with Common Colds Should be Excluded from School, all of which have been well received by the teachers.

"Another innovation we have introduced in the line of health inspection of school children. Our present plan is to have each teacher make a preliminary health inspection of all the children in her room, and she in turn passes on to the Medical Department only those children in whom she found defects. In preparation for this inspection small groups of teachers were called together and given instructions and demonstrations in the necessary procedure. Results of the first semester's work have proved the marked benefit of this system. The teachers have a better knowledge of the defects in their children, take a greater interest in their correction, and are much more sympathetic with the incurable. It has enabled the health workers to cover a greater territory and has in every way proved worthwhile."

I am enclosing copies of four bulletins sent out this year. Should any of our school physicians be interested in the teacher's health inspection, I would be pleased to send them a copy of our "Instruction to Teachers on Health Inspection of School Children."

Very truly yours,

EARL H. COLEMAN, M.D.,
Director of Health and Physical Education

Fresno, California.

POST-GRADUATE COURSE FOR SCHOOL PHYSICIANS

Columbia University will this year again present a post-graduate summer course for School Physicians.

This course, conducted by Dr. Haven Emerson, has been very successful and popular in the past.

The March and April Bulletins will contain a more complete announcement.

Watch for it among the advertisements.

In Lockport, New York, the School Teachers Association has raised a fund to provide attention to needy children with defective vision, diseased tonsils, nutritional disturbance or other remediable defects Each teacher contributed to the fund. Church societies and health-minded citizens assisted. Physicians, dentists, optometrists, hospitals and milk dealers generously aided.

The undernourished are given milk and cod liver oil under the direction of the school physician. Milk and cod liver oil drills are conducted with great success. Definite health improvement was promptly recognized among the school children.

Dr. Mary C. Hurlbut has organized this work.

The Superintendent of Schools and Board of Education are strongly supporting it.

In Porto Rico an extensive free feeding program is carried on for preschool as well as for school children.

The preschool feeding service not only saves thousands from grave under-nutrition and possibly from actual starvation, but builds a fondness and appreciation for the school which they are destined to attend.

Not only are there provided free luncheons at a large number of schools but at many schools free breakfasts for the undernourished have been added. More than 21,000 children are fed daily.—C. H. KEENE, M.D.

SCHOOLS MUST FURTHER STREET SAFETY

The school can do more toward stimulating safety among children on streets and highways than any adult influence. No child is too young to have training in safety, according to an article in *Child Health*.

It is the duty of the parent, the teacher and the police department to coöperate and to put pressure on school-age children which will inculcate habits of safety that will be observed even in adult life. The careful child will become the careful adult.—*Hygeia*.

EPIDEMICS ARE MAN'S OWN PRODUCT

In the making of epidemics, man is a powerful factor. It is he who spreads disease; it is he who carelessly eats a one-sided and under-nourishing diet, gets little exercise, goes from hot dry temperatures to low moist outside temperatures. It is man who lowers his resistance to disease, the *Illinois Health Messenger* maintains.

Colds and pneumonia are particularly good illustrations of diseases that await the invitation of human beings before making an attack. School children are often innocent victims—*Hygeia*.

HUMANS BELIEVED ONLY CARRIERS OF INFECTION OF INFANTILE PARALYSIS

Human beings are the only carriers of the infantile paralysis infection, according to Dr. William H. Park, director of the Health Department's Bureau of Laboratories and professor of bacteriology at New York University, who presented at a meeting of the Public Health Officers Association of the City of New York evidence gathered during the epidemic last summer.

Though it was at first believed that insects carried the infection, since it spreads in summer and early autumn, no supporting evidence for this view could be found and it was consequently abandoned, said Dr. Park.

The value of serums is in doubt because, Dr. Park explained, the results of treatment with or without serum were apparently the same. In many cases patients were treated with serum obtained from horses and from convalescent humans. There is a possibility, however, that the seeming ineffectiveness of the injections may have been due to the fact that they usually could not be administreted early enough.

One-third of 4,100 cases last summer cleared up without developing weakness or paralysis, according to Dr. Park's figures. Thus, he inferred, there must have been many cases in the period of the last epidemic as well as that of 1916 which cleared away before being correctly diagnosed. Such a recovery would leave the patient immune due to the formation of antibodies in the blood.

On this theory many children were given intramuscular injections of their parents' blood with the hope that the parents had developed antibodies as the result of a previous exposure. Only three of the children thus treated in the last epidemic contracted the disease, Dr.Park said.

—*New York Times,* February 3, 1932.

SEE PARALYSIS CONTROL

Science has been making great advances of late in the battle against the infinitesimal creatures, not visible to the naked eye, which wreak such havoc among humanity when they run wild. Recently comment has been made in these columns about progress in the fights against malaria, tuberculosis and other ailments. Now it is pleasing to record from high authority the fact that an advance has been made in the battle against the dread infantile paralysis which so recently caused deep anguish in or close to all our homes.

Dr. Simon Flexner, director of the Rockefeller Institute for Medical Research, announced recently at a meeting of medical authorities and welfare workers in New York that scientific knowledge about infantile paralysis had grown so greatly in recent years that there is now hope of controlling the disease by immunization. Doctor Flexner said that, contrary

to general impression, the disease no longer was "mysterious" and indicated that scientists in the bacteriological laboratories had sufficient data on which to proceed toward a quite hopeful, successful battle against the germ that has depleted so many homes and caused so much distress.

Doctor Flexner's view that progress had been made in the fight against paralysis was supported by Doctor Leroy W. Hubbard, formerly in charge of the foundation at Warm Springs, Georgia, and Doctor Armitage Whitman, chief surgeon of the Hospital for Crippled Children in New York. All of this is the most welcome sort of news.

—*Albany Knickerbocker Press,* February 10, 1932.

N. E. A. MEETING IN WASHINGTON, D. C.

This year the Department of Superintendents of the N. E. A. will hold its annual meeting in Washington during the week of February 21st.

Many school physicians will no doubt attend. Most of them will stay at the Hotel Washington. They are planning to get together for an informal meeting on Thursday morning, February 25th. Join them should you be there.

PROPER LIGHTING NEEDED IN SCHOOL, HOME AND OFFICE

Particularly in the older school buildings, the lighting situation is deplorable, suggests A. L. Powell, writing in *The Sight Saving Review.* Less care toward proper illumination is to be found in school buildings than in the business offices today. This should not be, because children's eyes are in a formative state and need better lighting than the eyes of adults.

Many homes, where the children do much reading and studying, are poorly lighted, parents change their furniture, draperies and curtains for style, but the fixtures for lighting remain antiquated. Modern lighting can be put to real advantage if one avoids glare and dull lighting. The luminaries must be kept clean if satisfactory results are to be obtained.

Architects and decorators and others who have given little thought to the fundamental principles of lighting are often to blame and are quick to make rash statements. One of the most common examples of this lack of understanding of the principles of illumination is the mistaking of brightness or glare for excessive lighting. Glare is often confused with amount of light.

One curse to good lighting is the ordinary type of side bracket placed on the wall. Placed there it is in the direct line of vision and one often finds twenty-five watt and even seventy-five watt lamps used unshielded.

—*Hygeia,* November, 1931.

Mental Disease is Preventable.

OUR ADVERTISING PATRONS

Do you each month read the many interesting advertisements in the SCHOOL PHYSICIANS' BULLETIN? Do you ever write to these enterprising business people to express to them your appreciation of their generous support which makes possible the publication of your BULLETIN?

Do you ever use your influence to assist our advertisers who are doing so much to contribute to the success of the Association? Do you not believe in reciprocity? Do you not think every member should reciprocate with the people who are mostly responsible for your receiving the BULLETIN each month?

These are fair questions for each of us to ask ourselves. Are we being as generous to our Advertising Patrons as they are to the Association? We certainly should be. We should all do our best to reciprocate.

HEALTH TEACHING AID

Health Education for Teachers, a bulletin containing a list of sixty-nine inexpensive pamphlets to aid teachers in finding sources of material for health teaching, has been published by the National Education Association. The booklet was compiled by the child health education committee of the National Tuberculosis Association.

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